

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT Southern District of New York		INVOLUNTARY PETITION
IN RE (Name of Debtor – If Individual: Last, First, Middle) Budget Travel	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 52-2206989		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 469 Seventh Ave, 3rd Floor New York, NY 10018	MAILING ADDRESS OF DEBTOR (If different from street address)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS New York	ZIP CODE 10018	ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <ul style="list-style-type: none"> or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. 		

U.S. BANKRUPTCY COURT
 2012-5 P-4-18
 COURT USE ONLY
 DATED - 01/04/2013

Name of Debtor Budget Travel

Case No. _____

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x SEE FOLLOWING PAGE FOR SIGNATURE

Signature of Petitioner or Representative (State title) <u>Ryan Murphy</u>	
Name of Petitioner	Date Signed <u>12/03/2012</u>
Name & Mailing Address of Individual Signing in Representative Capacity	Ryan Murphy 42-10 82nd St. #2K Elmhurst, NY 11373

<input checked="" type="checkbox"/>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

x SEE FOLLOWING PAGE FOR SIGNATURE

Signature of Petitioner or Representative (State title) <u>Stuart Wald</u>	
Name of Petitioner	Date Signed <u>11/30/2012</u>
Name & Mailing Address of Individual Signing in Representative Capacity	Marketshows Inc., 9070 Kimberely Blvd, Ste. 27 Boca Raton, FL 33434

<input checked="" type="checkbox"/>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

x SEE FOLLOWING PAGE FOR SIGNATURE

Signature of Petitioner or Representative (State title) <u>Amanda Marsalis Photography Inc.</u>	
Name of Petitioner	Date Signed <u>12/03/2012</u>
Name & Mailing Address of Individual Signing in Representative Capacity	Amanda Marsalis 1519 Allesandro St. Los Angeles, CA 90026

<input checked="" type="checkbox"/>	Signature of Attorney	Date
Name of Attorney Firm (If any)		
Address		
Telephone No.		

PETITIONING CREDITORS

Name and Address of Petitioner <u>Ryan Murpy, 42-10 82nd St. #2K, Elmhurst, NY 11373</u>	Nature of Claim <u>unpaid invoices</u>	Amount of Claim <u>3,470.00</u>
Name and Address of Petitioner <u>Stuart Wald, 9070 Kimberely Blvd, Ste. 27, Boca Raton FL</u>	Nature of Claim <u>unpaid invoices</u>	Amount of Claim <u>7,013.15</u>
Name and Address of Petitioner <u>Amanda Marsalis, 1519 Allesandro St, LA CA 90026</u>	Nature of Claim <u>unpaid invoices</u>	Amount of Claim <u>4,500.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	<u>14,983.15</u>

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Name of Debtor Budget Travel

Case No. _____

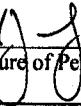
TRANSFER OF CLAIM

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x 

Signature of Petitioner or Representative (State title)

Ryan Murphy 12.03.12

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Name and Address of Petitioner

42-10 82nd St. 2K

Nature of Claim

Amount of Claim

Ryan Murphy
Name and Address of Petitioner

Elmhurst, NY 11373

Overdue invoices

\$ 3470.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Budget Travel

Case No. _____

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TRANSFER OF CLAIM

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REQUEST FOR RELIEF

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Stuart Wald V.P.
Signature of Petitioner or Representative (State title)

Stuart Wald

11/30/2012

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Marketshows, Inc., 9070
Kimberely Blvd, Ste 27
Boca Raton, FL, 33434

x
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x
Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Name and Address of Petitioner
Stuart Wald, 9070 Kimberely Blvd, Ste 27, Boca Raton, FL

PETITIONING CREDITORS

Nature of Claim
unpaid invoice

Amount of Claim

7,013.15

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached

B 5 (Official Form 2) (12-07) - Page 2

Name of Debtor Budget Travel

Case No. _____

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Amanda Marsalis

Signature of Petitioner or Representative (State title)
Amanda Marsalis Photography Inc.

12/3/12
Date Signed

Name of Petitioner
Name & Mailing
Address of Individual
Signing in Representative
Capacity

1519 Allesandro St
Los Angeles, CA 90026

x Signature of Attorney

Date

Name of Attorney Firm (if any)

Address

Telephone No.

x Signature of Attorney

Date

Name of Attorney Firm (if any)

Address

Telephone No.

x Signature of Attorney

Date

Name of Attorney Firm (if any)

Address

Telephone No.

Name and Address of Petitioner

PETITIONING CREDITORS

Nature of Claim

Amount of Claim

Amanda Marsalis 1519 Allesandro St. LA CA 90026 Overdue Invoices \$4500

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

continuation sheets attached